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|-----------------------------------------------------------------------------------------------------------------------|-----------------------------------------|------------------------|---------------------|---------------------------------------------------------------------------------------------|----------------------------------|-----|--|
| APPLICANTS Michael W. McL | ane, Baltimore, MD; | | | | | | |
| ** CONTINUING DATA | · ******** | | | | | | |
| ** FOREIGN APPLICA | TIONS ******* | | • | | | | |
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| Foreign Priority claimed 35 USC 119 (a-d) conditions Verified and Acknowledged | Allowance COUNTRY MD | SHEETS DRAWING 0 | AWING CLAIMS | | INDEPENDENT CLAIMS 3 | | |
| ADDRESS Michael W. McLane P.O. Box 39542 Baltimore, MD21212 | | | | | | | |
| TITLE | * ************************************* | - | • | | | ··· | |
| Danazol for treatment of | of hypogonadism in the adult | male | | | | | |
| FILING FEE FEES: Authority has been given in Paper RECEIVED No to charge/credit DEPOSIT ACCOUNT 385 No for following: | | | 1.16 F | All Fees 1.16 Fees (Filing) 1.17 Fees (Processing Ext. of time) 1.18 Fees (Issue) Other | | | |
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